



02-08-07

AF/IFW/#

Atty. Dkt. No. 034536-0220

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tod R. SMEAL et al.
Title: PHOSPHOSPECIFIC PAK
ANTIBODIES AND
DIAGNOSTIC KITS
Appl. No.: 10/716,936
Filing Date: 11/20/2003
Examiner: Sean E. AEDER
Art Unit: 1642
Confirmation Number: 6791

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EL 96356498305 (Express Mail Label Number)	2/7/07 (Date of Deposit)
Charles J. Schreck (Printed Name)	
[Signature] (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated August 8, 2006, and in the Advisory Action dated November 29, 2006, finally rejecting Claims 1-15 and 18-25.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

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01 FC:1401
02 FC:1253

500.00 OP
1020.00 OP



The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,520.00

A credit card payment form in the amount of \$1,520.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 7, 2007

By V.S. Mohan

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